2012 041664

STATE OF INDIANA LAKE COUNTY FILED FOR RECORD

2017 JUN 25 AM 8: 54

MICHELE FAJMAN RECOHDER

SMALL ESTATE AFFIDAVIT Indiana Code Section 29-1-8

State of Indiana)
) SS:
County of Lake

I, PAULA S. COOPER, formerly known as PAULA CULLUM, having been duly sworn, state on my oath that:

- 1. My post office address is: 5968 West 30th Avenue, Gary, Indiana 46406
- 2. My residence address is: 5968 West 30th Avenue, Gary, Indiana 46406
- 3. I am a successor to the decedent or a claimant entitled to the payment or property of the named decedent. All successors, including myself, of the decedent are listed as follows:

NAME This Document ADDRESS property of the Lake County Recorder!

SHARE

PAULA S. COOPER

5968 West 30th Avenue, Gary, Indiana 46406

100%

- 4. The decedent's name is PAUL H. SHROPSHIRE.
- 5. The date of the decedent's death was <u>December 21, 1999</u>, more than forty-five days have elapsed since the death of the decedent, and I have attached a copy of the death certificate hereto. Note: At any time after forty-five or more days from the date of a decedent's death, any person who is indebted to or who has possession of any personal property or an instrument evidencing a debt, obligation, stock, chose in action, or stock brand belonging to the decedent, shall pay such indebtedness or deliver such personal property, or so much of either as is claimed, to a person claiming to be a successor of the decedent or entitled to payment or delivery of the property belonging to the decedent upon being presented an affidavit made by said person.
- 6. That the value of the gross probate estate, wherever located, less liens and encumbrances, does not exceed twenty-five thousand dollars (\$25,000.00).

Page 1 of 2

JUN 2 0 2012

23979

PEGGY HOLINGA KATONA LAKE COUNTY AUDITOR FN

FR 1205071

15

C/~

- 7. That at least forty-five (45) days have elapsed since the death of the decedent.
- 8. That no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.
- 9. That this affidavit specifically applies to real estate commonly known as 6615 California, Hammond, Indiana, and legally described as:

Lot 21 in Block 8 in Hessville Park Addition in the City of Hammond, as per plat thereof, recorded in Plat Book 17, page 14, in the Office of the Recorder of Lake County, Indiana.

Parcel # 45-07-	-09-230-004.000-023	
THE FOREGOING STATEM	IENT IS MADE UNDER THE P	ENALTIES OF PERJURY.
N	OT OFFICIA	Cl Cooper
This D	ocument Signature of Affia	erty of
STATE OF INDIANA	Lake County Recor	der!
COUNTY OF LAKE) SS:	
Before me, Daws	Scales, (title of officer) th	his 8 day of June
2012ack	nowledged the execution of the a	
Commission Expires: 7/20	Notary Pub Printed Nar	lic, State of Stanley
		DAWN STANLEY Lake County My Commission Expires
PREPARED BY: RICK C	GIKAS, Attorney at Law	July 29, 2018
414 E.8 (219) 76	6th Avenue, Merrillville, IN 4641	0
(215) 10	Page 2 of 2	"I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law."
		Daianna Tartion

Local No.	7940 ·	99		INDIANA S	CERTIFICA	TF O	F DEAT	ri4	State	No		a
385376		PROS IN THIS !	PERIES A	VAE CONFIDENTIAL PE	RIC 16-1-19-3	· · · · ·	ואטער	STATE OF	State	ANA	•••••	-1004122222200000
TYPE/PRINT		NAME (First Middle					2 65X ·	- Se TIME	OF DEATH	Sh. DATE OF	F DEATH AND	en Clay 117)
IN	1 00001 055	17y Shrops	hire	n Reference	ស៊ី និងរង គឺជា	IO	Male	2:45A			ber 21,	
PERMANEN	Ę.	DATE HOMBER		72	SOUTH COM	C. Hours	Mirunes A	av 25. 1927	7 1 4 4 6	Anderson		W or Foreign Course J
BLACK INK	MAS DECEL	ENT RANT	-	YEAR LAST SERVED IN		· · · · · · · · · · · · · · · · · · ·		LACE OF DEATH (Chec			17410, 11	
	No			N/A	,	inpations ER/Outpations (T 000	<u>отнея</u> П м	rsing Home	(II) OH- (6	Specify)	£
DECEDENT	Sb. FACILITY MAME (If not institution, gas street and number)			<u></u>	E CITY TOWN OR LOCATION OF DEATH				ad COUNTY OF DEATH			
	Community Hospital 10. MARITAL STATUS 11. SURVIVING SPOUSE (If wife, give majorn name)					Munster 12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working Sts. Do not use retired)				Lake		
	Widowed		"	SURVIVING SPOUSE (It wife, give melden name)		Mobile	Equipmen	of Mechanic	ge and	Manufac		DUSTRY
₹v	13A RESIDENC	E - STATE	136. C		13c. CITY TOWN OR L			134 STREET		EA	AGE II IS	
the second	Indiana	(M. HISTOR O	Lake		Gary			5968 W. 30ti				
	□ *• €		X Yes	X Yes WHAT COUNTRY?	IS WAS DECEDENT OF HEIPANIC OF		onkam? oily Cubas,	18. PACE - American Blank, White, etc.		17. DECEDENT'S EDUCATION (Specify only highest grade completed)		
	46406	130 ON A FAI		USA	Mexican, Puerto Ri	lean ste)		White		Elementary/Secondary (0-12)		College (1-4 or I
PARENTS	IS. FATHER'S N	AME (First, Middle			<u> </u>		IR NOTHER	'S NAME (First Mode,)	Reiden Sum			<u> </u>
	Walter S	hropshire					Marie .	Anderson				
INFORMANT	Paula Suc		Print)		,			or Rural Rouse Number. ary, IN 46400	City or Town	rt, State, Zip Code)	- 1	Reixtionship
	21a. HETHOD O		☐ En	tornbraent	21h DATE AND PLACE				210	c. LOCATION - CH		ughter
	iX suma	Cremation		movel from State	December 23,	1999			١	<u> </u>		
		☐ Donation ☐ Other (Specify)				Chapel Lawn Memorial Gardens				Schererville, Indiana		
DISPOSITION	224. EMBALMER'S NAME Henry A. Gray				EMBALMER'S LICENSE NO. FD29900123		23. WAS DEATH REPORTED TO CORONER?					
	24a SIGNATURE	E OF FUNERAL D	AECTOR		24b. (LICENSE NUMB	EA	25 NAME ADDRESS A	ND LICENSE	E NUMBER OF FUR	NERAL HOME	
	4	,	. 1	Garage		•	.	FH19900009 Virgil Huber	Funera	d Home		
	28. PARTI	7051 Kennedy Av., Hammond, IN 46323										
		screet, shoc		folure. List only one cause		eriter nonspecie	G MALLINE BYTCH BR	cardiac or respiratory			inte	rooman val Between
						<u> </u>						
	INNEDIATE CAU	SE (Final		um	many 2	inbot	ion.	ic			One	et and Death
CAUSE OF	INNECTATE CAUS disease of sondis	ion			OR AS A CONSEQUENCE	inbal	ion.	is			One	et and Death
CAUSE OF メン	disease of conditi resulting in death	which gave	/	Dusse		1 Se	ism.	SATI			One	et and Death
CAUSE OF DEATH	disease of conditi resulting in death	which gave		Dusto Dusto Oue to Seven	commatre	2 C	ism. epin euosi	AL!			One	et and Death
PEATH () C(E)	deeate of conditions in conditions if any rise to the minute.	which gave	Ph	Dusto Dusto Oue to Seven	COR AS A CONSEQUENCE OF AS A CONSEQUENCE AD THE	2 C	ism. epin enosi	AL!	7.04	F	One	et and Death
DEATH SOCIETY	decate or conditions from the to the smooth	which gare Kirte cause lying	Ph:	DUE TO	COR AS A CONSEQUENCE OF AS A CONSEQUENCE AD THE	L Se Se on Se on	ion.	OA I.I	O 1		D. WERE AU	TOPSY FINDINGS
DEATH COOK	disease of conditions in death Conditions if any rise to the smooth stating the underlies cause last	which gare Kirte cause lying	Thi n Condi	DUE TO	COR AS A CONSEQUENCE OR AS A CONSEQUENCE (C) AD IT	L Se Se on Se on	enoso Pregnant Postfanting	OR SO DAYS	WAS AN AU PERFORME (You or no)	D7	MERE AU AVAILABL COMPLET	TOPSY FINDINGS E PRIOR TO
4) 18-5 145 Block	disease of conditions in death Conditions if any rise to the smooth stating the underlies cause last	which gare Kirte cause lying	Chi s - Condi	DUE TO	COR AS A CONSEQUENCE OR AS A CONSEQUENCE (C) AD IT	L Se Se on Se on	enoso	EM E	PERFORME	D7	MERE AU AVAILABL COMPLET	TOPSY FINDINGS E PRIOR TO
# 49~488-5 5~\$8+54 5~\$5	deeate of conditions of any conditions of any conditions of any rise to the immediately desired the uncertainty of the uncertai	which gave little cause lying		DUE TO	CON AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF A CONSEQUE	ge on Short	PREGNANT POSTPARTU (Yes or no)	No	PERFORME (Yes or no)	io7	D. WERE AU AVAILABL COMPLET OF DEATH	TOPSY FINDINGS E PRIOR TO
49-488-5 - Apt 488-5	deease of conditinessing in death Conditions if any first to the emmediating the underlies cause lest PART II. Other of	which gave little cause lying	CERTIFY	DUE TO DU	COM AS A CONSEQUENCE OF AS A CONSEQUENCE OF A CONSEQUENCE	GE OF) SET OF) Part I. The occurred at 8 to separate in my or	PREGNANT POSTPARTU (Yes or no) To time, date, and pinion death occupants	NO I place and due to the cored at the lime, date, as	PERFORME (You or no) NO	Died.	MERE AU AVAILABL COMPLET OF DEATT	TOPSY FINDINGS E PRIOR TO
onitau) H9-488-5 K Sub Lot#5 1312c)	deeate or conditions of any Conditions of any Conditions of any Conditions of any I also to the arrow of saving the Underland Cause last PART II. Other of Conditions only only Conditions only only Conditions only Conditions on the Conditions on	which gaire lite cause lying	GERTIFY HEALTH COPONI	DUE TO DU	TOR AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF A FOR PROVIDENCE OF A	GE OF) SET OF) Part I. The occurred at 8 to separate in my or	PREGNANT POSTPARTU (Yes or no) To time, date, and pinion death occupants	NO I place and due to the cored at the limb, date, and the firm, date, and place	PERFORME (Year or no) NO muse(s) as st nd place and a and due to	tored. I due to the cause(s) and n	ID. WERE AU AVAILABL COMPLET OF DEATH NO i) as stated.	TOPSY FINDINGS E PRIOR TO TOWN OF CAUSE If (Yes or no)
### Con: 1444 ################################	deeate of conditional freeding in countries of any fise to the trimes taking the underlicate lest. PART #. Other is 28s. CERTIFIER (Check only	which gaire lite cause lying	GERTIFY HEALTH COPONI	DUE TO B COUP TO C	COM AS A CONSEQUENCE OF AS A CONSEQUENCE OF A CONSEQUENCE	GE OF) SET OF) Part I. The occurred at 8 to separate in my or	PREGNANT POSTPARTU (Yes or no) To time, date, and pinion death occupants	NO I place and due to the correct of the time, date, and place 28c. MEDICAL LI	PERFORME (Year or no) NO ALAMA(I) as at not place and one to cense to	total. I due to the cause(s) and n	ID. WERE ALL AVAILABLE COMPLET OF DEATH NO a) as stated. Thenner as sta	TOPSY FINORNOS E PRIOR TO . TOP OF CAUSE 17 (Yet or no) THE CAUSE CO
Cn: +#4] Key# 49-488-5 CKOak Sub Lot#5 Bloch	decate of conditions of any discount of any di	which gave which gave take cause yving grifficant condition	CERTIFY HEALTH COPONI	DUE TO DU	TOR AS A CONSEQUENCE OF AS	th occurred at a signature of the signat	PREGNANT POSTPARTU (Yes or no) To time, date, and pinion death occupants	NO I place and due to the cored at the limb, date, and the firm, date, and place	PERFORME (Year or no) NO ALAMA(I) as at not place and one to cense to	total. I due to the cause(s) and n	ID. WERE ALL AVAILABLE COMPLET OF DEATH NO a) as stated. Thenner as sta	TOPSY FINDINGS E PRIOR TO . TOP OF CAUSE 17 (Yes or no) sed. D (Month Day Yes
99 99 - 149 99 - 169 + 1948 96 - 169 - 169 96 - 169 - 169 - 169 - 169 96 - 169	decate of conditions of any discount of any di	which gave which gave take cause yving grifficant condition	CERTIFY HEALTH COPONI	DUE TO DU	TOR AS A CONSEQUENCE OF AS	th occurred at a signature of the signat	PREGNANT POSTPARTU (Yes or no) To time, date, and pinion death occupants	NO I place and due to the correct of the time, date, and place 28c. MEDICAL LI	PERFORME (Year or no) NO ALAMA(I) as at not place and one to cense to	total. I due to the cause(s) and n	ID. WERE ALL AVAILABLE COMPLET OF DEATH NO a) as stated. Thenner as sta	TOPSY FINDRINGS E PRIOR TO TOP OF CAUSE 17 (Yes or no)
THE	desize of conditions of any time to the arrow the time to the arrow transport of the time to time to time to time to time time to time time time time time time time time	which gave which gave take cause yving grifficant condition	CERTIFY HEALTH COPONI	DUE TO DU	TOR AS A CONSEQUENCE OF AS	th occurred at a signature of the signat	PREGNANT POSTPARTU (Yes or no) To time, date, and pinion death occupants	NO I place and due to the correct of the time, date, and place 28c. MEDICAL LI	PERFORME (Year or no) NO ALAMA(I) as at not place and one to cense to	torsed. If the to the cause(s) and in 22sd.	WERE ANALASIC COMPLETE OF DEATH NO NO DATE FIRED O	TOPSY FINDINGS E PRIOR TO . TOP OF CAUSE If (Yes or no) THE OF T
## (h#1) ### Key# 49-488-5 #### Black Dak Sub Lot# 5 13)0c)	desize of conditions of any time to the arrow the time to the arrow transport of the time to time to time to time to time time to time time time time time time time time	which gave which gave the cause years and title of the cause of the ca	CERTIFY HEALTH COPONI	DUE TO DU	COR AS A CONSEQUENCE OF A CONSEQUENCE OF A THE CORE OF A CONSEQUENCE OF A	Part L 3 A society of the second of the sec	PREGUANT POSTPANTIN ((Fis or no) to turne, date, area printin death occurred at BURY AT WORKY	NO place and due to the curred at the time, date, and place 28c. MEDICAL LIP 34d. DESCR.	PERFORME (Yea or no) NO Manne(s) as it ind place and and due to CENSE NO 9 6 4	tored. If the to the cause(s) and many and the cause(s) and many and the cause(s).	III. WERE AU AVAILABL COMMETT NO III) AS STEEDED THE SIGNE III THE SIGNE	TOPSY FINDINGS E PRIOR TO TOWN OF CAUSE 17 (Yes or no) and. D (Month Day Yes) Menth Day Yes)
1997 1997	desate of conditions of any first to the errored stang the uncert cause last PART H. Other al 20th. CENTRETER (Check only only) 20th. SIGNATURE 30, NAME AND J. Alarm Sid. 31, FAM OFF. 32, MANNER OF	which gave take cause by the ca	CERTIFY HEALTH CORONIC	DUE TO DU	(OR AS A CONSEQUENCE OF	A SEE OF STORY OF THE PART L 2 SEE OF STORY OF THE PART L 2 SEE OF STORY OF THE PART L 2 SEE OF THE PART L	PREGUANT POSTPANTIC (Ties or no) To time, date, and inion death occurred at URY AT WORKY Is or no)	NO place and due to true correct at the strue, date, and place 25c. MEDICAL LIP 34d. DESCR.	PERFORME (Yea or no) NO Manne(s) as it ind place and and due to CENSE NO 9 6 4	tored. If the to the cause(s) and many and the cause(s) and many and the cause(s).	III. WERE AU AVAILABL COMMETT NO III) AS STEEDED THE SIGNE III THE SIGNE	TOPSY FINDINGS E PRIOR TO TOP OF CAUSE IT (Yes or no) and D (Month Day Yes)
1975 1975 1975 1975 1975 1975 1975 1975	decate of conditions of any ties to the arrow the to the arrow test to the ties ties to ties ties to ties ties to ties ties ties ties ties ties ties ties	on which gave take cause the cause t	CERTIFY HEALTH CORONIC	DUE TO B. COUPTO COUPTO COUPTO COUPTO COUPTO COUPTO COMPLETED CAUSE OF CAUTION COMPLETED CAUTION COMPLETED CAUTION COMPLETED CAUTION COMPLETED CAUSE OF CAUTION COMPLETED CAUTION CO	COR AS A CONSEQUENCE TOOR AS A CONSEQUENCE OF A TOTAL CONSEQUENCE OF	Pant L a hocumed at the course of the course	PREGUANT FOOTPARTING TO PROJECT T	NO I place and due to the correct of the line, date, and place 28c. MEDICAL LH 0 1 0 4 7	PERFORME (Year or no) NO Manage(s) as at a place and one to cense ino GENSE INO GENS	total districtions of the cause(s) and in 20d	MATE SIGNAL DATE S	TOPSY FINDINGS E PRIOR TO TOP OF CAUSE If (Yes or no) Sed. D (Month Day Yes)
1974 Children 1974	desate of conditions of any the to the armond starting the uncert cause last PART 8. Other all PART 8. OTHER ST	on which gave the cause th	CERTIFE HEALTH CORONI CORONI WHICH AS S. F	DUE TO B. COUPTO COUPTO COUPTO COUPTO COUPTO COUPTO COMPLETED CAUSE OF CAUTION COMPLETED CAUTION COMPLETED CAUTION COMPLETED CAUTION COMPLETED CAUSE OF CAUTION COMPLETED CAUTION CO	COR AS A CONSEQUENCE OF A PARTY OF THE ACT OF THE CORE	Part I. I I Sec. INJ. (Ye APR actor), office	PREGUANT FOOTPARTIC ("Fire" or no) The time, date, and incoming the time, date, and time time, and time time or no) 10 7 20	NO I place and due to the curred at the time, date, and place the time, date, and place date at the time, date, and place date at the time, date, and place date date date date date.	PERFORME (Year or no) NO Manage(s) as at a place and one to cense ino GENSE INO GENS	tored. If the to the cause(s) and many and the cause(s) and many and the cause(s).	MATE SIGNAL DATE S	TIDPSY FINDINGS E PRIOR TO
1997 1997	deate or conditions of any tise to the armond stang the uncertainty that uncertainty the uncertainty one) and uncertainty the uncertainty that uncertainty the uncertainty that uncertainty the uncertainty that uncerta	on which gave the cause th	CERTIFY HEALTH CORONI C	TIME PHYSICIAN TO THE DOLLETO TO THE LAIR TO THE DOLLETO TO THE DAME OF EXECUTE TO THE DAME OF EXECUTE THE DAME OF EXECUTE THE DAME OF EXECUTE THE DAME OF EXECUTE THE DAME OF INJURY PROPERTY OF THE OFFICE OF INJURY PROPERTY OF THE OFFICE OF INJURY PROPERTY OF THE OFFI INJURY PROPERTY OFFI INJ	COR AS A CONSEQUENCE OF A PARTY O	Pent L See On S	PREGUANT FOOTPART (No or no) To time, date, and printing date, and pr	NO I place and due to the correct of the line, date, and place 20c. MEDICAL LH 20c. MEDI	PERFORME (Year or no) NO Mane(s) as at and place and and due to comme an	Direct Source Nickel	MATE SIGNAL DATE S	TOPSY FINDINGS E PRIOR TO TOP OF CAUSE If (Yes or no) Sed. D (Month Day Yes)
1974 Conit 1974 1	deate of conditions of any tise to the armonic starts the under cause last. PART H. Other all PART H. Other all Check only one) 200. NAME AND A Alarm Sid Sid Sid Sid Office of the Check only one) 30. NAME AND A Alarm Sid Sid Sid Sid Office of the Check only one) 31. MANNER OF Sid Alarm Sid Sid Sid Sid Office of the Check only one) 32. MANNER OF Sid	on which gave the cause th	CERTIFY HEALTH CORONI C	TIME PHYSICIAN TO THE DOLLETO TO THE LAIR TO THE DOLLETO TO THE DAME OF EXECUTE TO THE DAME OF EXECUTE THE DAME OF EXECUTE THE DAME OF EXECUTE THE DAME OF EXECUTE THE DAME OF INJURY PROPERTY OF THE OFFICE OF INJURY PROPERTY OF THE OFFICE OF INJURY PROPERTY OF THE OFFI INJURY PROPERTY OFFI INJ	COR AS A CONSEQUENCE TO A SECURAL TO THE CONSEQUENCE OF A TONSEQUENCE OF A	Pent L See On S	PREGUANT FOOTPART (No or no) To time, date, and printing date, and pr	NO NO I place and due to the core of the time, date, and place See Medical Info Company See Medical Info S	PERFORME (Yes or no) NO Manage(s) as re and due to and due to cense HO (yes of HO) A HO (yes of HO)	Direct Source Nickel	MATE SIGNAL DATE S	TOPSY FINDINGS E PRIOR TO TON OF CAUSE IT (Yes or no) Med. D (Month Day Year)